

# FACSIMILE TRANSMISSION TO USPTO

**CERTIFICATION OF FACSIMILE TRANSMISSION:**

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING  
FACSIMILE TRANSMITTED TO THE USPTO ON THE DATE SHOWN  
BELOW:

Date of Transmission: August 8, 2003

Name of Person

Making Transmission: Karen Cing-Mars

Signature:

*Karen Cing-Mars 8/8/03*

DOCUMENT(S) FAXED: (MARKED WITH X)

*6* PAGES ATTACHED

Re Applic of	Deligianni et al.
Docket No.	FIS9-2001-0395
Serial No.	10/035,840
Filing Date	12-31-01
Attorney	Joseph P. Abate

Attached: Amendment &amp; Response to Restriction Requirement

**PLEASE DELIVER TO:**

EXAMINER: **Lincoln D. Donovan**  
ART UNIT: **2832**  
PHONE NO: **703-308-3111**  
FAX NO: **703-872-9318**

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE  
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VIA THE U.S. POSTAL SERVICE.

**INTERNATIONAL BUSINESS  
MACHINES CORPORATION**

Intellectual Property Law  
East Fishkill Facility  
2070 Route 52  
Hopewell Junction  
New York 12533-6531

Fax: 845-892-6363  
Phone: 845-894-4633

**FAX RECEIVED**

AUG 8 2003

**AMENDMENT TRANSMITTAL LETTER (Large Entity)**Applicant(s): **Deligianni et al.**Docket No.  
**FIS920010395US1**Serial No.  
**10/035,840**Filing Date  
**12-31-01**Examiner  
**Lincoln D. Donovan**Group Art Unit  
**2832**Invention: **LATERAL MICROELECTROMECHANICAL SYSTEM SWITCH****TO THE COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

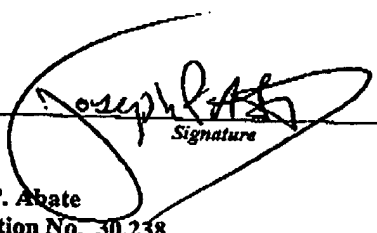
**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0458
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

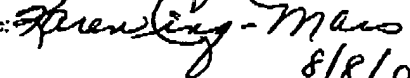
**FAX RECEIVED**Dated: **8-8-03** AUG 8 2003

TECHNOLOGY CENTER 2800

  
Signature  
**Joseph P. Abate**  
Registration No. 30,238  
Telephone No. 845-894-4633  
Fax No. 845-892-6363

**OFFICIAL**

cc:

I CERTIFY THAT THIS DOCUMENT IS BEING FACSIMILE  
TRANSMITTED TO THE USPTO ON THE DATE SHOWN BELOW:Date of Transmission: **8/8/03**  
Name of Person  
Making Transmission: **Karen Cing-Mars**Signature:   
**8/8/03**